

MILFORD MOLECULAR DIAGNOSTICS LABORATORY, LLC

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<http://www.dnalytetest.com/>

CT LIC# CL-0699

CLIA# 07D2067401

Routine Partial N Gene Sanger Sequencing for SARS-CoV-2 Detection and Reflex Target S gene Sanger Sequencing for Determination of Variants Of Concern And Interest

REQUISITION FORM - for specimens collected by healthcare provider

Enclose a check paid to MILFORD MOLECULAR DIAGNOSTICS LABORATORY per specimen: \$150.00

Date: _____

Healthcare provide _____ (Please Print)

Signature: _____

Address: _____

City & State: _____ Zip: _____

Phone Number: (____) _____ Fax Number: (____) _____

Email Address: _____



PATIENT INFORMATION (PLEASE PRINT. Information required by Federal and State governments)

Patient Name: _____ (first) _____ (middle) _____ (last) Sex: M []; F []; AGE _____

Race: (Please check one) White____; African American____; Asian____; American Indian____; Native Hawaiian____

Ethnicity: (Please check one): Hispanic or Latino____; Not Hispanic or Latino _____

Address: _____

City & State: _____ Zip: _____

Phone Number: _____ Date of Birth: (m) _____ (d) _____ (y) _____

Email Address: _____

Health care provider collected

Date: _____ Time _____ of Collection; Label patient's full name on sample.

HOW TO SEND ACCEPTABLE SPECIMENS

Ship the specimen on the same day via FEDEX next morning delivery on a working day (not on Holidays or weekends) to Milford Molecular Diagnostics Laboratory according to the following instructions.

<https://www.fedex.com/en-us/shipping/how-to-ship-clinical-samples.html> with an ice pack to keep the sample cold during transit.

March 2022